



Title: Ability for Minors to Consent for Health Care Services Policy

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Policy (requires board approval)

Chief Medical Officer Approval: DocuSigned by: Jeanie Muller Date: 5/31/2023
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Chief Executive Officer Approval: DocuSigned by: Kaye Hotsenpiller Date: 5/30/2023
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Board Officer Approval: DocuSigned by: Dr. Saliman Date: 5/26/2023
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Procedure: Provide protocol for staff and providers at River Valley Health Centers (RVFHC) to understand 1) what medical care can be provided to a minor (patient less than 18 years of age) with and without the consent of a parent or legal guardian and 2) in which circumstances can a minor receive care when the minor is unaccompanied or accompanied by an adult who is not the minor’s parent or legal guardian.

A. Married Minor

- a. Any minor who is legally married may consent to his/her own medical, dental, and surgical care. RVFHC will add this question to intake paperwork for minors and add ‘marriage status’ to Quick View.

B. General Medical Care

- a. A minor must be “emancipated,” to consent for general medical care, which includes:
 - i. Is 14 years of age or older AND
 - ii. Lives separately from his/her parents AND
 - iii. Manages own finances, regardless of how he/she receives income AND
 - iv. Has legal documentation that he/she is emancipated.

- b. If a minor does not meet the above definition, the minor must have consent of a parent or legal guardian.
 - i. Examples of legal guardianship include: foster care and kinship care (aunts, uncles, grandparents). The legal guardian must provide legal documentation.
 - ii. See below for process regarding a minor who is accompanied by an adult who is not a parent or legal guardian or if a minor is unaccompanied.

C. Immunizations

- a. A parent or legal guardian must be present for a minor to receive immunizations. There are no exceptions to this rule.

D. Dental Care

- a. A minor must be “emancipated,” to consent for general medical care, which includes:
 - i. 14 years of age or older AND
 - ii. Live separately from his/her parents AND
 - iii. Manage own finances, regardless of how he/she receives income AND
 - iv. Has legal documentation that he/she is emancipated.
- b. If a minor does not meet the above definition, the minor must have consent of a parent or legal guardian.
 - i. See below for process regarding a minor who is accompanied by an adult who is not a parent or legal guardian or if a minor is unaccompanied.

E. Sexual Assault Evaluation

- a. A minor may consent to his/her own care as related to sexual assault evaluation without the need to inform a parent or legal guardian. RVFHC will refer the patient to the Emergency Department.

F. Sexually Transmitted Infections (STIs) – Testing and Treatment and Contraceptive Care

- a. A minor may consent to his/her own care related to testing for and treatment for STIs without the need to inform a parent or legal guardian.
- b. Minors may consent to their own care as related to contraception without the need to inform a parent or legal guardian. For positive pregnancy tests, the provider is not required to notify parents. The patient will be referred for prenatal care.

G. HIV Testing and Treatment

- a. A minor may consent to his/her own care related to testing for and treatment of HIV without the need to inform a parent or legal guardian.

- b. A parent/guardian may be informed of any testing or treatment that is done for HIV if the provider feels that such a disclosure would be beneficial to the patient. However, it is not required to be disclosed to the parent/guardian, nor is a provider restricted from discussing such with the parent/guardian.

H. Mental Health Care

- a. A minor may consent to his/her own mental outpatient health-related care if he/she is 12 years of age or older without the need to inform a parent or legal guardian.
 - i. In this situation, the minor will sign the BH mandatory disclosure and informed consent form. No information will be provided to the parent or legal guardian without a signed ROI for the parent or legal guardian.
 - ii. If it is an emergency situation in which the patient is being placed on an involuntary mental health hold, the parent or legal guardian will be notified because the minor cannot consent to inpatient care.
 - iii. Parent or legal guardian consent is required to order and prescribe psychiatric medication.

I. Authority to Consent

- a. Only a parent or legal guardian can sign the Authority to Consent
- b. The Authority to Consent will be added to the intake paperwork and updated on an annual basis.

J. Unaccompanied Minor or No Parent/Legal Guardian Present

- a. In situations where parent or legal guardian consent is required (such as the provision of general medical or dental care), yet a minor is either unaccompanied to the clinic or is accompanied by an adult who is not a parent or legal guardian, the following options are available:
 - i. If the parent or legal guardian has NOT granted authority to consent to another adult other than the parent or legal guardian (via the “Authority to Consent” form), such care can only be provided if the situations above are met (See D-H).
 - ii. If the parent or legal guardian HAS granted authority to consent to another adult other than the parent or legal guardian (via the “Authority to Consent” form), that adult may consent to such care.
 - 1. Only a stepparent, adult relative of first or second degree of kinship, or an adult childcare provider who has care and control of the minor may consent for a minor child.

2. Authority to consent may not be granted to an individual other than a parent or legally authorized representative for major health care decisions as determined by the minor's health care provider.

K. Patient Portal Usage

- a. Patient Portal usage is not available for patients 12-17 years of age.

AUTORIZACIÓN PARA DAR CONSENTIMIENTO POR UNA PERSONA DISTINTA AL PADRE O REPRESENTANTE LEGALMENTE AUTORIZADO (“FORMULARIO”)

River Valley Family Health Centers (RVFHC) requiere que un padre o un representante legalmente autorizado esté presente en la cita inicial del menor (ej., alguien que no ha cumplido los 18 años). Aunque es importante que el padre o el representante legal del menor esté presente en las citas, entendemos que esto no siempre será posible. Este formulario se puede utilizar para permitir que un adulto, que no sea el padre o el representante legal, sirva como una alternativa para tomar decisiones ("Sustituto") para atención médica no urgente en RVFHC, permitido por el Estatuto Revisado de Colorado (C.R.S.) 15-14-105. Si desea nombrar un Sustituto, revise y complete este Formulario y devuélvalo al personal de recepción en el mostrador de entrada o envíe este formulario por fax a nuestro departamento de Gestión de Información de Salud al 720-777-7244. Este Formulario permanecerá en efecto para las fechas especificadas a continuación, a menos que lo revoque por escrito.

Autorización:

Padre o Representante Legal de (el “Menor”): _____
(Nombre y fecha de nacimiento del paciente)

Solicito que se conceda autoridad para dar consentimiento a: (el “Sustituto”): _____
(Nombre)

(Dirección) (Ciudad, Estado, Código Postal) (Número de teléfono)

Su relación con el Menor es: _____

**Nota: Solo un padrastro, un pariente adulto de primer o segundo grado de parentesco, o un proveedor de cuidado infantil adulto que tenga cuidado y control del menor puede dar consentimiento para la inmunización de un menor, según C.R.S. § 25-4-1704.*

**Nota: La autoridad para dar consentimiento no puede ser otorgada a un individuo distinto de un padre o representante legalmente autorizado para decisiones importantes de atención médica según lo determinado por el proveedor de atención médica del Menor.*

- Si aprueba toda la atención no urgente, no importante, prestada en RVFHC, marque la casilla.
- Si aprueba solo para los siguientes cuidados, condiciones, procedimientos y/o tratamientos (por ejemplo, revisión de niño sano, limpieza dental y examen, etc.), por favor liste aquí:

- Si desea ser contactado en caso de que se necesite tomar una decisión médica para servicios médicos adicionales no anticipados más allá del motivo de la visita del paciente, marque la casilla.

Limitaciones:

Por favor, identifique cualquier limitación en los tipos de servicios médicos para los cuales se da esta autorización, o cualquier limitación en el marco de tiempo para el cual se da esta autorización. Si no hay ninguno, indique "ninguno".



Este formulario es efectivo desde _____ hasta _____

* Nota: A menos que se indique lo contrario, este formulario entra en vigor inmediatamente una vez firmado. Las fechas indicadas no deben ser posteriores a noventa (90) días a partir de la fecha de este formulario. En ningún caso, este formulario estará en vigor por un periodo mayor a noventa (90) días desde la fecha en que el padre o el representante legal autorizado firme el formulario.

Al firmar abajo, confirmo que el Sustituto a quien he dado la autoridad de consentimiento tiene la capacidad para obtener, procesar, leer y comprender la información de salud para que se pueda tomar una decisión de atención médica apropiada e informada. Entiendo que si los proveedores médicos encargados del tratamiento tienen alguna duda sobre la capacidad del Sustituto para proporcionar permiso para atención médica, pueden aplazar la atención no urgente/no emergente hasta que se pueda obtener el permiso apropiado. Al completar este formulario, doy mi consentimiento para compartir la información de salud protegida del menor con el Sustituto. Acepto asumir la responsabilidad financiera por toda la atención y los servicios prestados de acuerdo con este formulario.

Firma del padre o del representante legalmente autorizado

Relacion

Fecha

Hora

Nombre impreso del padre o del representante legalmente autorizado

Número

Número de teléfono alternativo

This section to be completed by RVFHC staff:

Identification of Substitute verified (State Identification Card or Government Issued ID)